

NEBRASKA DEPARTMENT OF INSURANCE
941 O Street, Suite 400
Lincoln, Nebraska 68508
Application for Initial License, Renewal License
For Pre-Need Agent Pursuant to the Burial Pre-Need Sales Act

Date: _____

Fee: \$20.00

This application must be completed in full (**typewritten or printed in ink**) by the Applicant, signed and notarized. You have the duty to provide correct answers to all questions on this application. This application may be denied if any answer is incorrect or incomplete. If you need additional space, please attach the information to this form.

1. (a) Name of Applicant: _____
Last First Middle
- (b) Social Security Number: _____
- (c) Date of Birth: _____ / Age: _____ / Color of Eyes: _____
- (d) Height: _____ / Weight: _____ / Color of Hair: _____
- (e) Home Address: _____
Street City State Zip Code
- (f) Home Telephone: _____
2. (a) Pre-Need Seller's Name: _____
(Company/Business Name)
- (b) Address: _____
Street City State Zip Code
- (c) Telephone: _____
- (d) License Number: _____

(The Pre-Need Agent's License, when issued, will permit the Agent to make Pre-Need Sales only for the Pre-Need Seller whose name appears on the License.)

3. Does the Applicant also hold an Insurance Producer's License? (Please note that an Insurance Producer's License is not the same as a Pre-Need Agent's License as it is a separate license to sell insurance.)

Yes _____ No _____

If so, please provide the following information:

Name of Firm or Agency, if Applicable: _____

Agency License Number: _____

Business Address: _____
Street City State Zip Code

4. Has the Applicant's Pre-Need Agent's License previously been refused, suspended, revoked, or voluntarily surrendered?

Yes _____ No _____

If yes, give full particulars. _____

5. Has the Applicant ever been convicted of a crime within the last 10 years? (**Exclude those involving minor traffic offenses**)

Yes _____ No _____

If yes, give the type and nature of each offense, as well as the date and place of each conviction. _____

6. **United States Citizenship Attestation** – In compliance with NEB. REV. STAT. §§4-108 through 4-114, I attest as follows:

_____ I am a citizen of the United States

OR

_____ I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

7. **Applicant**

In the event this application is approved, I understand and agree that:

- (a) **I may only make Pre-Need Sales for the Pre-Need Seller whose name appears on my license;**
- (b) **That within 10 days of a written request by the Department of Insurance, I must surrender by Agent's License;**
- (c) **I will notify the Director of Insurance of any change in my address.**

In support of this application, I certify that I understand that I have the duty to provide truthful and correct answers to the above questions and this application may be denied if any answers are found to be incorrect or incomplete. I certify that my answers as above given are true and that no fact has been omitted. I further certify that the Department of Insurance will be notified within 30 days of any change of address from that set forth in this application.

Applicant's Signature

Date

To be signed by the Pre-Need Seller (Company/Business):

I hereby certify that if licensed _____ shall be a Pre-Need Agent for _____
Name of Applicant Name of Pre-Need Seller

and hereby **agree to be responsible for supervising said Agent in conjunction with any Pre-Need Sales.**

Signature of Supervisory Company Representative

Date

State of _____)

County of _____)

Subscribed to in my presence and duly sworn this the _____ day of _____, 20____.

Signature of Notary Public